LATE CONTRIBUTIONS – 24 HOUR REPORT

Name of Filing Committee or Candidate File				er Identification Number			
1,161/02 04 M 20 1 805				Ι	ATE REC	EIVED	
Full Name of Contributor				MO a	DAY	YEAR	11 10 15
Alyson (lohen				11	06	2017	
Mailing Address 5861 Emily Rd			A	Amount \$ 6	50.00		
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Full Name of Contributor				MO	DAY	YEAR	170
Mailing Address			A	Amount \$			
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Full Name of Contributor				MO	DAY	YEAR	2 27
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Full Name of Contributor			Protection	MÖ	DAY	YEAR	
Mailing Address	·			Amount \$	·	<u> </u>	
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NI CD CLIVE D	/	man pic		Date of R	onaut. 111	1.1.3	
Name of Person Submitting Report:	,			Date of K	ерогі: <u>///</u>	4/17	
Contact Phone Number:	7N 82315	91					
Email Address:	Ibmow e	is @ AOL. C	DM				